

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS**  
**ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 4~~G~~ 944-8

YRMKIH WXEXI SJ EQ IVMGE

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[ EWXI Q EREKIQ IRX SJ MPPMR MS WOMRG 20

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erh IGSPEF MRG 2

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

VIKEP1FIPS MK GS VTS VE XMS R

NAME (Type or print) TL MPMT W2L S PPS [ E ]	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) S/ TL MPMT W2L S PPS [ E ]	
FIRM KSR^EPI^OWEKKMS ERH LEVPER 0P2G2	
STREET ADDRESS 79 IEWX [ EGOIV HVMZIOWYMKI 944	
CITY/STATE/ZIP GLMGEKS OMP :4:45	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS)	TELEPHONE NUMBER 756267:248;9
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 8	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> 8 NO <input type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 8	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 8	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS.	
RETAINED COUNSEL <input type="checkbox"/>	APPOINTED COUNSEL <input type="checkbox"/>